PRIMLAND

ABOVE & BEYOND

July 25, 2012

Kevin Harlow
3019 Peters Creek Road
Roanoke, Virginia 24019

Dear Kevin,

Please find enclosed the application for our Waste Water Treatment Plant that you had requested earlier. We had help from Gary Johnson at EMS to prepare the application and you may find that you have some questions for us. Steve will be out of town a lot for the next few months so if you do see that you need further information, please feel free to contact me at your convenience. I may reached by email at pnester@primland.com or by telephone at (276) 222-3802.

Thanks for your help.

Kind regards,

Phyllis H. Nester

Phyllis H. Nester
Corporate Assistant Secretary

FACILITY NAME AND PERMIT NUMBER:
Primland Resort VA0092207

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Primland Resort

Mailing Address: P.O. Box 950
Meadows of Dan, VA 24120

Contact person: Steve Helms

Title: Vice President/General Manager

Telephone number: (276) 222-3814

Facility Address (not P.O. Box): 4621 Busted Rock Road
Meadows of Dan, VA 24120

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name:

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0092207 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Primland Resort	<1200	Sanitary	Private

Total population served <1200

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.087 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.0088	0.0082	0.0090	mgd
c. Maximum daily flow rate	0.0176	0.0201	0.0206	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? ✓ Yes _____ No

If yes, provide the following for each land application site:

Location: Golf Course

Number of acres: approximately 130

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or ✓ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes _____ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001/650

b. Location
Meadows of Dan (City or town, if applicable) 24120 (Zip Code)
Patrick (County) VA (State)
80.38222 (Latitude) 36.69134 (Longitude)

c. Distance from shore (if applicable) NA ft.

d. Depth below surface (if applicable) NA ft.

e. Average daily flow rate _____ mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes _____ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water Bent Springs Branch, UT

b. Name of watershed (if known) Roanoke

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

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A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary
✓ Advanced ✓ Other. Describe: Membrane Filtration

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal 98 %
Design SS removal 98 %
Design P removal ____ %
Design N removal ____ %
Other ____ ____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Light

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.2	s.u.			
pH (Maximum)	10.1	s.u.			
Flow Rate	0.0206	MGD	0.0090	MGD	365
Temperature (Winter)	18.4	C	17.2	C	180
Temperature (Summer)	22.6	C	20.4	C	180

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	< 2.0	mg/L	< 2.0	mg/L	12	SM185210B	2.0
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		< 1.0	mg/L	< 1.0	mg/L	12	SM182540D	1.0

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ✓ Yes ___ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: EMS, Inc.

Mailing Address: P.O. Box 784 Wytheville, VA 24382

Telephone Number: (276) 228-6464

Responsibilities of Contractor: Provide Operator in Responsible Charge Duties, Laboratory Analysis

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

___Yes ___No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number:_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Primland Resort VA0092207

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Steve Helms, Vice President/General Manager

Signature: [signature] V.P

Telephone number: (276) 222-3814

Date signed: 7/25/12

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Primland Resort VA0092207

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

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SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

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	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

___Yes___No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

____Yes____No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (_____continuous or _____intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ____Yes ____No

b. Categorical pretreatment standards ____Yes ____No

If subject to categorical pretreatment standards, which category and subcategory?

_____

FACILITY NAME AND PERMIT NUMBER:
Primland Resort VA0092207

Form Approved 1/14/99
OMB Number 2040-0086

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

____Yes____No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

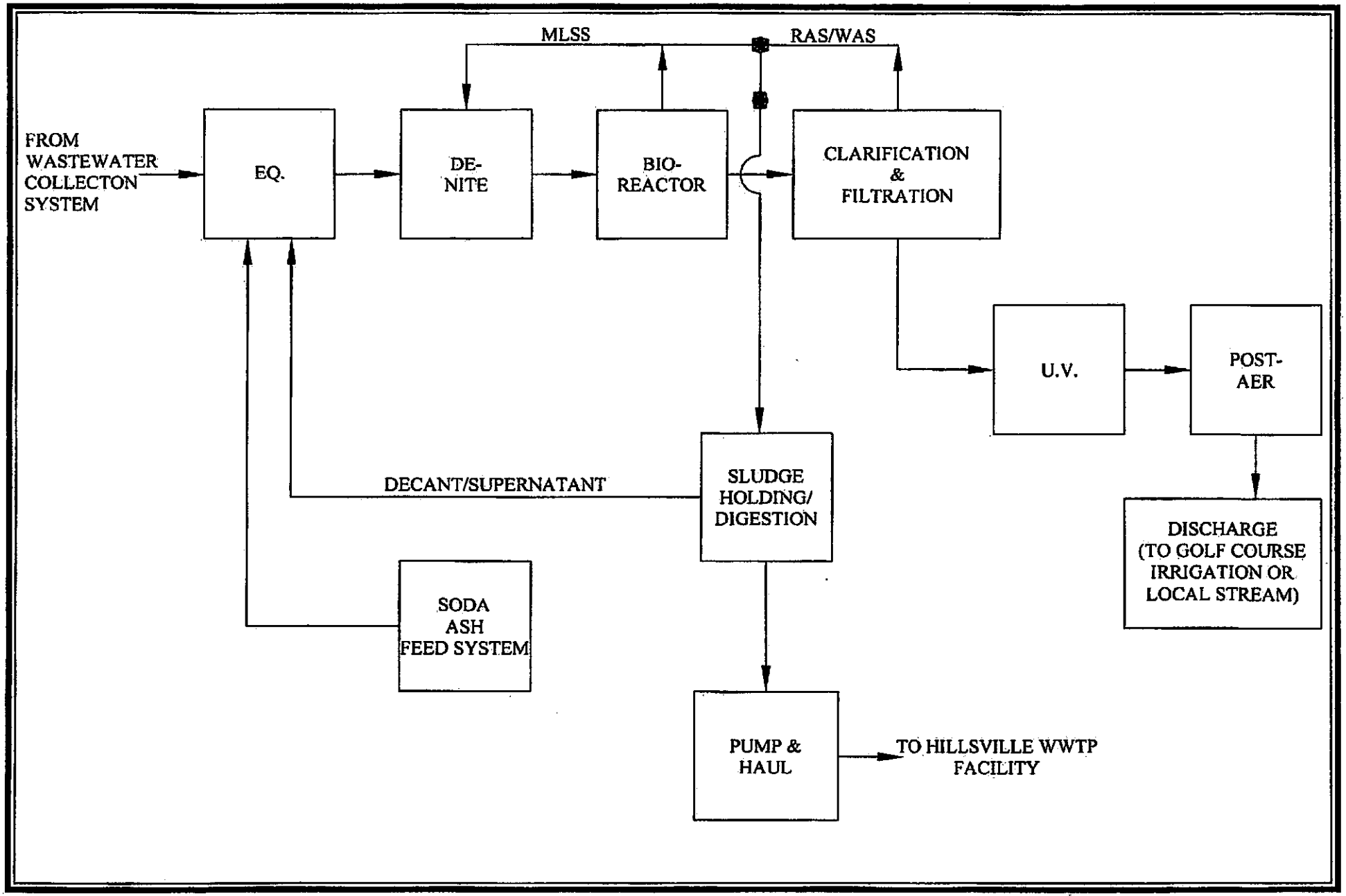
Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.



PRIMLAND RESORT WASTEWATER TREATMENT PROCESS FLOW DIAGRAM

ACS DESIGN
2203 PETERS CREEK ROAD, NW - ROANOKE, VIRGINIA 24017 - Phone 540.562.2345 - Fax 540.562.2344
ENGINEERING - SURVEYING - LANDSCAPE ARCHITECTURE - CONSTRUCTION MANAGEMENT

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ___X__ Yes _____ No

   Does this facility derive a material from sewage sludge? _____ Yes __X__ No

   If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? _____ Yes __X__ No

   Is sewage sludge from this facility applied to the land? _____ Yes __X__ No

   If you answer "No" to all above, skip Section C.

   If you answered "Yes" to either, answer the following three questions:

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes _____ No

   If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _____ Yes _____ No

   If "Yes", complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. **Facility Information.**
   a. Facility name: Primland Resort
   b. Contact person: Steve Helms
      Title: Vice President / General Manager
      Phone: (276) 222-3814
   c. Mailing address:
      Street or P.O. Box: P.O. Box 950
      City or Town: Meadows of Dan State: VA Zip: 24120
   d. Facility location:
      Street or Route #: 4621 Busted Rock Road
      County: Patrick
      City or Town: Meadows of Dan State: VA Zip: 24120
   e. Is this facility a Class I sludge management facility? ____ Yes X No
   f. Facility design flow rate: 0.087 mgd
   g. Total population served: <1200
   h. Indicate the type of facility:
      _____ Publicly owned treatment works (POTW)
      X Privately owned treatment works
      _____ Federally owned treatment works
      _____ Blending or treatment operation
      _____ Surface disposal site
      _____ Other (describe): _____

2. **Applicant Information.** If the applicant is different from the above, provide the following:
   a. Applicant name: _____
   b. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   c. Contact person: _____
      Title: _____
      Phone: (_____) _____
   d. Is the applicant the owner or operator (or both) of this facility?
      _____ owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant?
      _____ facility _____ applicant

3. **Permit Information.**
   a. Facility's VPDES permit number (if applicable): VA 0092207
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
_____	_____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? _____ Yes __X__ No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____ Yes _____ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name: Helms Septic Service, LLC

   Mailing address:

   Street or P.O. Box: 849 New Hope Church Road

   City or Town: Stuart State: VA Zip: 24171

   Phone: (276) 694-7093

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   HDID 170-03H

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

X Section A (General Information)

_____ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Steve Helms Vice President / General Manager

Signature _____ Date Signed 7/25/12

Telephone number (276) 222-3814

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

WATER RECLAMATION AND REUSE ADDENDUM TO AN APPLICATION FOR A VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT OR A VIRGINIA POLLUTION ABATEMENT PERMIT

A. Applicant Information

1. Facility	Name	Primland Resort		
	Location (street, route no. or other identifier)	4621 Busted Rock Road		
	Countyor city	Patrick		
	Latititude	80.38222	Longitude	36.69134
2. Owner	Name	Primland Resort		
	Mailing address (street or P.O. box, city, state and zip code)	P.O. Box 950 Meadows of Dan, VA 24120		
	Telephone number	276-222-3814		
	Fax number	276-222-3816		
	E-mail address	shelms@primland.com		
3. Operator*	Name			
	Mailing address (street or P.O. box, city, state and zip code)			
	Telephone number			
	Fax number			
	E-mail address			

* If the operator of the facility is not the owner, complete A.3.

B. Permitting Information

1. This addendum is for a <u>new</u> (check all that apply):

   ☐ Reclamation system.
   ☐ Satellite reclamation system.
   ☐ Reclaimed water distribution system.
   ☐ End user[1].
   ☐ Not applicable. Proceed to B.2.

   Will the above new system or systems or end user be an expansion or modification[2] to an existing permitted system or end user[1]? (See numbered footnotes on the last page of the addendum)

   ☐ No. Proceed to item B.3.
   ☐ Yes. Proceed to item B.2.

2. This addendum is for an <u>existing</u> (check all that apply):

☑ Reclamation system.
☐ Satellite reclamation system.
☐ Reclaimed water distribution system.
☐ End user[1].

a. Provide the following information for each existing system or end user[1]:

System or End User[1] Name	Type of current permit issued (VPDES or VPA)	Permit Number	Permit Expiration Date
PRInland Resort	VPDES	VA 0092207	1-23-13

b. List by name all existing permitted systems or end users[1] in B.2.a of the addendum to be expanded or modified[2].

---

3. For reclamation systems, satellite reclamation systems, reclaimed water distribution systems and end users[1] that are (i) new, (ii) existing but unpermitted, or (iii) existing, permitted and to be expanded or modified[2]:

a. Is or will there be any combination of the systems, end users[1], or wastewater treatment works under common ownership or management, including those physically separated from each other?

☑ No. Proceed to B.3.d.
☐ Yes. Provide the following information for all systems, end users[1] or wastewater treatment works under common ownership or management:

Designation of Facility*	Name of System, End User[1] or Wastewater Treatment Works	Name of Common Ownership or Management

* Designation of facility refers to reclamation system, satellite reclamation system, reclaimed water distribution system, end user[1] or wastewater treatment works.

b. Identify by name any combination of the systems (i.e., reclamation, satellite reclamation, reclaimed water distribution), end users[1] or wastewater treatment works with common ownership or management listed in B.3.a. to be covered by one permit. (See addendum instructions)

---

c. Identify by name any of the systems, end users[1] or wastewater treatment works with common ownership or management listed in B.3.a. to be covered by separate permits.

---

d. Will a wastewater treatment works, reclamation system, satellite reclamation system or reclaimed water distribution system provide reclaimed water to irrigate property under common ownership or management with that wastewater treatment works, reclamation system, satellite reclamation system or reclaimed water distribution system?

☐ No.
☑ Yes. Provide the following information

Name of Wastewater Treatment Works or System (Reclamation, Satellite Reclamation, Reclaimed Water Distribution)	Location of Irrigation Property*
PRimland Resort	Golf Course

* Refers to irrigation property that receives or will receive reclaimed water from and is under common ownership or management with the named wastewater treatment works or system in the first column. (See addendum instructions)

e. Will a reclaimed water distribution system that receives reclaimed water from a reclamation system or satellite reclamation system under separate ownership from the reclaimed water distribution system, distribute reclaimed water to end users other than the owner or management of the reclaimed water distribution system?

☐ Yes.
☑ No.

If no, will there be a service agreement established between the permittee of the reclamation system and the ownership or management of the reclaimed water distribution system?

☐ Yes.
☑ No.

4. For each end user[1], list all the reclamation systems, satellite reclamation systems and reclaimed water distributions from which the end user[1] will receive reclaimed water; and for each listed system, indicate the Level of reclaimed water (i.e., Level 1, Level 2 or both) that it will provide to the end user[1] and if the end user[1] has a service agreement or contract with that system.

Name of System (Reclamation, Satellite Reclamation, Reclaimed Water Distribution)	Level of Reclaimed Water Provided to End User[1] (Level 1, Level 2 or both)	Service Agreement or Contract with End User[1] (Yes/No)
PRimland Resort		NO

a. Will the end user[1] be under common ownership or management with any of the reclamation systems, satellite reclamation systems or reclaimed water distribution systems listed above?

☐ No.
☑ Yes.

If yes, will the end user[1] be covered by the permit of the system?

☐ No.
☑ Yes. Indicate the name of the system: Primland Resort

b. For all systems listed in B.4 with which the end user[1] has a service agreement or contract, has the end user[1] received notice of failure to comply with the service agreement or contract from any of these systems?

☑ No.
☐ Yes. If yes, indicate below the name(s) of the system(s) that issued notice(s) of failure to comply, the date of all notices and a brief description of cause for each notice. Additional information may be attached as necessary. If more than one system has issued a notice of failure to comply to the end user[1], complete D.1.a, D.1.b and D.1.c; D.2 if the reuse of the end user[1] includes irrigation, and E of the addendum. (See addendum instructions)

Name of System that Issued Notice	Date of Notice	Description of Cause for Notice

c. Will the end user[1] blend the reclaimed water that it receives from two or more of the systems listed in B.4?

☑ No.
☐ Yes.

If yes, will the end user[1] blend Level 1 and Level 2 reclaimed water?

☐ No.
☐ Yes.

d. Will the end user[1] distribute an portion of the blended reclaimed water to other end users not under common ownership or management with the end user[1]?

☑ No.
☐ Yes. If yes, complete applicable sections in C and D of this addendum. (See addendum instructions)

C. General Project Information (See addendum instructions)

For reclamation systems, satellite reclamation systems, and reclaimed water distribution systems, provide the following information. For projects that involve exclusively the distribution of reclaimed water, provide information for only items C.1., C.2., and C.6.

1. A description of the design and a site plan of each system. (See addendum instructions)
2. A general location map. (See addendum instructions)
3. Information regarding each wastewater treatment works that diverts or will divert effluent or source water to the reclamation system to be permitted.

a. Name of Wastewater Treatment Works	VPDES or VPA Permit No. of Facility	General VPDES Watershed Permit No.*
Primland Resort	VA0092207	

* Refers to a permit issued in accordance with the General VPDES Watershed Permit Regulation for Total Nitrogen and Total Phosphorus Discharges and Nutrient Trading in the Chesapeake Bay Watershed in Virginia (9VAC25-820), and applies only to facilities with existing individual VPDES permits.

b. List all unit wastewater treatment processes used at each wastewater treatment works prior to diversion to the reclamation system.

_____

c. For only those wastewater treatment works listed in C.3.a with one or more significant industrial users (SIUs) indirectly discharging to the treatment works, provide the following information. (See addendum instructions)

Name of Wastewater Treatment Works	Name of All SIUs Indirectly Discharging to Each Wastewater Treatment Works	Approved Pretreatment Program (Yes/No/NA)*

* Refers to a pretreatment program developed in accordance with the VPDES Permit Regulation (9VAC25-31) or an equivalent program developed in accordance with the Water Reclamation and Reuse Regulation (9VAC25-740) for treatment works with SIUs, and approved by the Department of Environmental Quality. "NA" means "not applicable".

d. Provide analyses of the effluent or source water to be diverted by each wastewater treatment works to the reclamation system. (See addendum instructions)

_____

4. Information regarding the sewage collections system that diverts or will divert sewage to the satellite reclamation system to be permitted.

a. The name of the sewage collection system and the owner of that system.

_____

b. For the treatment works at the end of the sewage collection system that receives or will receive all remaining sewage, provide:

Name of the treatment works: _____

VPDES or VPA permit no.: _____

c. Provide the following information for each SIU that discharges directly or indirectly to the sewage collection pipeline from which sewage or municipal wastewater is or will be diverted to the satellite reclamation system, excluding any downstream SIUs whose discharge has no potential to backflow to the satellite reclamation system intake.

Name of SIU	Location (Latitude & Longitude) of SIU	Distance Between SIU and Satellite Reclamation System*

* Distance along the length of the sewage collection system line or lines.

d. Provide concentrations of the following parameters for sewage or municipal wastewater to be diverted from the sewage collection system to the satellite reclamation system at the point of diversion. Analyses for other parameters may be provided, if available. Analyses of the sewage or municipal wastewater for pollutants of concern believed to be discharged by the SIUs identified in C.4.c may also be required. (See addendum instructions)

BOD_5 (mg/l) <2.0

TSS (mg/l) <1.0

Other (if available or required for SIU discharges):

5. Information regarding the reclamation system or satellite reclamation system to be permitted.

a. Indicate if the system will reclaim industrial wastewater as follows: (See addendum instructions)

- ☐ At an industrial facility for reuse exclusively on the property of the industrial facility. Complete C.5.b.
- ☐ At an industrial facility for reuse on and off, or exclusively off the property of the industrial facility
- ☐ As part of a mixture with sewage or municipal wastewater where the industrial wastewater composes less than or equal to 90 % of the mixture
- ☐ As part of a mixture with sewage or municipal wastewater where the industrial wastewater composes greater than 90 % of the mixture

b. For reuse of reclaimed industrial wastewater on exclusively the property of the industrial facility where the reclaimed water is produced, check all that apply:

- ☐ The reclaimed industrial wastewater for reuse does not contain or is not expected to contain pathogens or other constituents in sufficient quantities and with a potential for human contact that may be harmful to human health.
- ☐ Reuse of the reclaimed industrial wastewater involves a closed or isolated system that prevents worker contact with reclaimed water of the system.
- ☐ Other measures are in place including but not limited to, applicable federal and state occupational safety and health standards and requirements to adequately inform and protect employees from pathogens or other constituents that may be harmful to human health in the reclaimed industrial water to be reused at the industrial facility.

If none of the above in C.5.b. apply, complete the remainder of the addendum. If any of the above in C.5.b. apply, the reuse is excluded from the requirements of the Water Reclamation and Reuse Regulation. For any other water reclamation and reuse projects or portions of projects described in the addendum that do not qualify for this exclusion, complete remaining applicable sections of the addendum. (See addendum instructions)

c. Identify the quality of reclaimed water to be produced relative to the planned reuse or reuses of the reclaimed water: (See addendum instructions)

- ☐ Level 1
- ☐ Level 2
- ☐ Level 1 and Level 2
- ☐ Industrial (applicable to reclamation of industrial wastewater)
- ☐ Unknown (applicable to unlisted reuses)

d. List any other physical, chemical, and biological characteristics and constituent concentrations that may affect the intended reuse of the reclaimed water with respect to adverse impacts to public health or the environment. (See addendum instructions)

_____

e. Indicate the designated design capacity of the reclamation system or satellite reclamation system. (See addendum instructions)

_____

6. For each proposed reuse of reclaimed water (reclaimed from municipal or industrial wastewater) that is not listed in 9VAC25-740-90 A of the Water Reclamation and Reuse Regulation or for each reuse of reclaimed industrial wastewater that is listed in 9VAC25-740-90 A, provide the following information.

a. Describe the proposed reuse.

_____

b. Describe any known risks of the proposed reuse to public health.

_____

c. Describe the degree of public access and human exposure, including worker contact, to reclaimed water that is or will be caused by the proposed reuse.

_____

d. Indicate the reclaimed water treatment necessary to prevent nuisance conditions by the proposed reuse.

_____

e. Describe the potential for improper or unintended use of reclaimed water resulting from the proposed reuse. (See addendum instructions)

_____

f. For new indirect potable reuse proposals, provide the following information:

(1) Name of the surface water to receive the reclamation system discharge and from which water will be withdrawn for potable water supply: (See addendum instructions)

_____

(2) Receiving water body type:

- ☐ Lake or pond
- ☐ River or stream

(3) Name of water treatment facility that will withdraw water for potable water supply: _____

(4) Attach a map that shows the location of both the discharge from the reclamation system and the intake of the water treatment facility.

(5) Approximate the shortest distance by way of the surface water named in C.6.f (1) above, between the discharge of the reclamation system and the intake of the water treatment facility: _____(feet)

(6) Approximate the residence or transport time between the discharge of the reclamation system and the intake of the water treatment facility: _____

(7) Approximate the mixing ratio of reclaimed water to ambient water at the intake of the water treatment facility: _____

D. Reclaimed water management (RWM) plan

1. For a reclamation system, satellite reclamation system or reclaimed water distribution system that provides or will provide reclaimed water directly to an end user or end users, including an end user that is also the applicant or permittee, submit a Reclaimed Water Management (RWM) plan to contain the following information. (See addendum instructions)

a. A description and map of the expected service area to be covered by the RWM plan for the term of the permit for the project.

b. A current inventory of impoundments, ponds or tanks within the service area under D.1.a of the addendum, used for:

(1) System storage of reclaimed water and, as applicable, reject water storage that are under the control of the applicant or permittee; and

(2) Non-system storage of reclaimed water.

c. A water balance that accounts for the volumes of reclaimed water to be generated, stored, reused and discharged.

d. An example of service agreements or contracts to be established by the applicant or permittee with end users regarding implementation of and compliance with the RWM plan.

e. A description of monitoring of end users by the applicant or permittee to verify compliance with the terms of their agreements or contracts. Monitoring must include, at a minimum, metering the volume of reclaimed water consumed by end users.

f. An education and notification program.

g. A cross-connection and backflow prevention program.

h. A description of how the quality of reclaimed water in the reclaimed water distribution system will be maintained to meet standards for the intended reuse(s) of that reclaimed water.

2. Supplemental irrigation rates, nutrient management plans (NMPs) and site plans for irrigation reuse of reclaimed water.

a. Do the reuse categories identified within the service area under D.1.a of the addendum include irrigation reuses of reclaimed water as follows? (See addendum instructions)

☐ Bulk irrigation reuse.
☐ Non-bulk irrigation reuse.
☐ There will be no irrigation reuses. (Proceed to E.)

b. Will all irrigation with reclaimed water within the service area of the RWM plan be supplemental irrigation? (See addendum instructions)

☐ Yes. Explain how supplemental irrigation rates will be achieved for bulk and non-bulk irrigation reuse of reclaimed water.
☐ No. (Proceed to E.)

c. Indicate the concentration of total nitrogen (N) and total phosphorus (P) present or expected to be present in the reclaimed water for irrigation reuse:

☐ Annual average concentration of total N and total P greater than 8.0 mg/l and 1.0 mg/l, respectively (> Biological Nutrient Removal or BNR);

or

☐ Annual average concentration of total N and total P less than or equal to 8.0 mg/l and 1.0 mg/l, respectively (≤ BNR).

d. For each irrigation property listed under B.3.d of this addendum that is a bulk irrigation reuse site, submit the following with the RWM plan: (See addendum instructions)

(1) A nutrient management plan if:

(a) The reclaimed water applied to the irrigation reuse site is > BNR (see D.2.c above), or

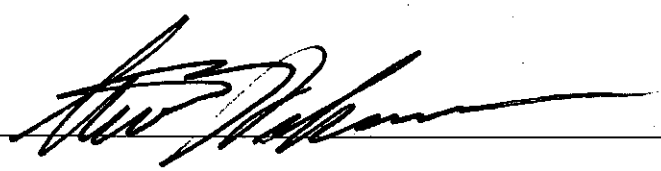
(b) Independent of the reclaimed water nutrient content and in addition to irrigation reuse (i) there is no option to dispose of the reclaimed water through a VPDES permitted discharge, or (ii) there is an option to dispose of the reclaimed water through a VPDES permitted discharge, but the VPDES permit does not allow discharge of the full nutrient load under design flow. With the nutrient management plan, provide a copy of the letter from the Department of Conservation and Recreation, Division of Soil and Water Conservation approving the nutrient management plan.

(2) A site plan.

e. For all non-bulk irrigation reuse of reclaimed water that is > BNR (see D.2.c above) within the service area specified in D.1.a, including each irrigation property listed under B.3.d that is a non-bulk irrigation reuse site, describe measures that are or will be implemented to manage nutrient loads from the non-bulk irrigation reuse. Attach additional information as needed. (See addendum instructions)

E. Certification Statement (See addendum instructions)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature:		Date:
Name of person signing above (printed or typed):	Steve Helms	
Title:	Vice President General Manager	
Signature:		Date: 7/25/12
Name of person signing above (printed or typed):		
Title:		

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Primland Resort

Owner:

Agent/Department Address: P.O. Box 950
Meadows of Dan, VA 24120

Agent's Telephone No.: 276-222-3814

Printed Name: Steve Helms

Authorizing Agent – Signature:

Date: 7/25/12

VPDES Permit No. VA0092207
Primland Resort WWTP